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Identifying barriers and enablers in the dietary management of chronic kidney disease using the PEN-3 cultural model

A Morris,¹ D Biggerstaff,² N Krishnan¹ & D Lycett³

¹University Hospital, Coventry, UK; ²Department of Health Sciences, Warwick Medical School, University of Warwick, Coventry, UK and ³Faculty of Health and Life Sciences, Coventry University, Coventry, UK

Background: Non-compliance with renal dietary restrictions increases morbidity and mortality⁽¹⁾ and has been attributed to an individual's poor motivation to change behaviour.⁽²⁾ However the social and cultural environment within which people follow this dietetic advice is not well understood⁽³⁾. The aim of this research was to identify the social and cultural barriers to self-management of a renal diet to better understand renal dietary compliance in chronic kidney disease (CKD).

Method: Participants underwent individual semi-structured interviews. Interviews explored the barriers and enablers to following dietary advice and lasted between 38–94 minutes. All were recorded and transcribed verbatim. Data was explored until saturation and findings interpreted using the PEN-3 cultural model.⁽⁴⁾ This model situates culture at the centre of determinants of health behaviour. It consists of three areas each under the acronym PEN: Person, Extended family,

Neighbourhood (cultural Identity domain); Perceptions, Enablers, and Nurturers (relationship and expectation domain); Positive, Existential and Negative (cultural Empowerment domain). Thematic analysis identified emergent themes. UHCW NHS Trust gave ethical approval.

Results: 18 adults with CKD stage 5 (12 Caucasian men, 2 Asian men, 2 Asian women and 8 Caucasian women) took part. Themes in the table below reflected ways that society and culture affected adherence to individualised dietary advice. Enablers reflected how participants dealt with these perceived barriers.

Discussion: The medical perspective of compliance due to poor intrinsic motivation⁽²⁾ may not offer accurate explanations to why patients find it challenging to follow dietary advice. The findings from this study suggest complex cultural influences on renal dietary adherence as reported in coeliac disease self-management⁽⁵⁾. Certain patients' perceptions of living with renal disease made them feel stigmatised in society. Underlying this perception was conflict with people in society around their dietary requirements. This data reflects experiences of people living with coeliac disease⁽⁵⁾ and eating outside the home where conflict has arisen with food business staff. People overcame these barriers by individual coping strategies using reverse and positive psychological techniques. These coping strategies were developed over time to suit individual circumstances. Some rationalisations for dietary management, for example self-talk which emphasises the negative include "cheating on certain foods" and "living with the consequences" was reported.

Conclusion: Sociocultural, psychological and environmental factors enabled and prevented dietary adherence. The findings that educating family, friends, restaurant owners and chefs on renal dietary management may be an effective intervention alongside individual education to the patient.

PEN 3-model	Barriers	Verbatim quotes	Enablers	Verbatim quotes
Cultural identity	Conflicting advice with public health messages	<i>'it's the opposite of healthy eating'</i>	Dietary knowledge	<i>'you need to know the diet inside out'</i>
	Societal stigma/denial	<i>'needs a celebrity to get renal failure'</i>	Positive psychology	<i>'you need to look to the positive in everything'</i>
Relationships and expectation	Food establishment staffs' knowledge and attitude	<i>'I argued with the chef at the holiday resort'</i>	Peer /family support	<i>'I found another patient who talked sense about diet'</i>
	Renal diet affects interpersonal relations (friends, family, dietitians)	<i>'friends criticise my diet all the time'</i>	Unconscious knowing	<i>'my body knows when I have too much salt or potassium'</i>
Culture empowerment	Social comparison to peers/ non-peers	<i>'they tell me I can eat it when I can't'</i>	Medical knowledge	<i>'understanding the whole treatment helps'</i>
	Inappropriate support from friends/ family Eating in social situations	<i>'I pretend to eat the food and then hide it'</i>	Reverse psychology	<i>'I tell myself I can have it, but I decide not to choose it'</i>